



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
***DIVISION OF ECONOMIC STABILITY***  
***BUREAU OF CHILD SUPPORT SERVICES***

Lori A. Weaver  
Commissioner

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Director

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-4745 1-800-852-3345 Ext. 4745  
FAX: 603-271-4787 TDD Access: 1-800-735-2964  
Automated Voice Response 1-800-371-8844 [www.dhhs.nh.gov](http://www.dhhs.nh.gov)

Dear Bureau of Child Support Services Applicant:

Please read the application carefully or have someone else read it to you before you complete and sign it. When you sign the application, you are saying you understand everything on both the front and back of both pages and have answered the questions honestly and to the best of your ability. Please always include Social Security numbers since having them will assist DCSS greatly with locating individuals and processing your case. You must provide copy of all child support court orders, any related court documents, as well as your child(ren)'s birth certificate(s).

You must complete the attached Form DCSS 637 if you believe it might cause physical or emotional harm to you and/or your children if your address or Social Security number(s) were released to child support agencies in other states.

For help with any of the forms or if you have questions about child support services, contact the Bureau of Child Support Services (BCSS) District Office near you (see list below). You may also contact BCSS by email at [BCSS-CIU@dhhs.nh.gov](mailto:BCSS-CIU@dhhs.nh.gov). To help us assist you, please provide detailed identifying information including your full name, address, phone number(s), time when you can best be reached, and your full e-mail address.

Please mail or deliver in-person your application package of the completed Forms DCSS 725 and DCSS 637 (if required) with birth certificates and court orders to the Department of Health and Human Services. Office locations are listed above and below of this letter.

**Berlin District Office**

650 Main Street, Suite 200  
Berlin, NH 03570  
(603) 752-7800 or 800-972-6111  
Fax (603) 752-2230

**Keene District Office**

111 Key Road  
Keene, NH 03431  
(603) 357-3510 or 800-624-9700  
Fax (603) 355-1542

**Rochester District Office**

150 Wakefield St, Suite 22  
Rochester, NH 03867  
(603) 332-9120 or 800-862-5300  
Fax (603) 332-5204

**Claremont District Office**

17 Water Street, Suite 301  
Claremont, NH 03743  
(603) 543-4646 or 800-982-1001  
Fax (603) 543-8918

**Laconia District Office**

65 Beacon Street West  
Laconia, NH 03246  
(603) 527-5991 or 800-322-2121  
Fax (603) 528-1652

**Seacoast District Office**

19 Rye Street  
Portsmouth, NH 03801  
(603) 334-4323 or 800-821-0326  
Fax (603) 559-8495

**Concord District Office**

40 Terrill Park Drive  
Concord, NH 03301  
(603) 271-3604 or 800-322-9191  
Fax (603) 271-6206

**Littleton District Office**

80 North Littleton Road  
Littleton, NH 03561  
(603) 444-6786 or 800-552-8959  
Fax (603) 444-0348

**Southern District Office**

26 Whipple Street  
Nashua, NH 03060  
(603) 883-7726 or 800-852-0632  
Fax (603) 883-0528

**Conway District Office**

71 Hobbs Street  
Conway, NH 03818  
(603) 447-3841 or 800-552-4628  
Fax (603) 447-1988

**Manchester District Office**

1050 Perimeter Road, Suite 501  
Manchester, NH 03103  
(603) 668-2330 or 800-852-7493  
Fax (603) 668-4218

**GENERAL INFORMATION AND INSTRUCTIONS FOR THE APPLICATION FOR CHILD SUPPORT SERVICES****GENERAL INFORMATION.**

This is the application for child support services under Title IV-D of the Social Security Act. *NOTE: "Child" or "children" means any child who has not terminated his/her high school education or reached the age of 18 years, whichever is later; or is not married; or not become a member of the military.* The NH Department of Health and Human Services, Bureau of Child Support Services (BCSS) administers New Hampshire's Child Support Program. Services offered by BCSS include: locating Obligor (persons ordered to pay child support)/Putative Fathers (Alleged Fathers), establishing paternity, obtaining and enforcing support orders, and reviewing and adjusting (modifying) support orders, if at least three years have passed since the date of the most recent order or last review, or there has been a substantial change in circumstances. BCSS will automatically review and adjust TANF cases every three years if applicable.

**HELP IN COMPLETING THE APPLICATION FOR CHILD SUPPORT SERVICES.**

The worker assigned to your Temporary Assistance to Needy Families (TANF) case or your Child Support worker can help you with this application and answer any questions you may have. If you do not have a worker, contact your local Child Support Office or contact BCSS by email at [bcss-ciu@dhhs.nh.gov](mailto:bcss-ciu@dhhs.nh.gov). Read this form carefully or have someone else read it to you before you complete and sign it. When you sign this application, you are saying that you understand everything on both the front and back of both pages and have answered the questions honestly and to the best of your ability. In public assistance cases (for example, TANF cases), if as an assistance Casehead, you give false or misleading information or withhold information, you may be prosecuted for fraud; in non-public assistance cases or if you receive Families With Older Children (FWOC) or Interim Disabled Parent (IDP) assistance, your case may be closed.

**WHEN YOUR CHILD(REN) HAS/HAVE MORE THAN ONE (POSSIBLE) FATHER OR YOUR CHILDREN HAVE DIFFERENT FATHERS, A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH FATHER.**

You must complete an application for the father listed on the child(ren)'s birth certificate, even if you believe he is not the biological father of the child(ren). If your children have different fathers, you must complete a separate form for each father. If there is no father listed on your child's birth certificate, and you are not sure who the father is, you must complete a separate form for each individual you think may be the father. If you are a grandparent or other responsible relative of the child(ren) other than a parent, or if you are an employee of a public agency completing this form on behalf of the child(ren), you must provide information about the mother on one form and about the father on another form. You may obtain additional copies of this application from the person who provided this one to you, or from your local Child Support Office.

The more information you provide, the more likely that BCSS will succeed in establishing paternity and/or a support order, or enforcing or modifying an existing order. The most important information you can give BCSS includes the parent's name, Social Security Number, date and place of birth, current address, telephone numbers, and employment information. Remember, if you are receiving TANF financial assistance, you must cooperate in providing information about the Obligor(s) or your grant may be decreased, unless good cause has been approved in your case. If you are receiving Medical Assistance (Medicaid), you must cooperate with BCSS to establish or enforce a medical support order and establish paternity for any child(ren) born out of wedlock or your Medicaid benefits will be denied or ended, unless good cause has been approved in your case. If your Medicaid benefits are denied or ended due to non-cooperation, your child(ren) will continue to receive Medicaid, if they are eligible.

Please promptly notify BCSS if your address or telephone changes. BCSS must be able to contact you directly to complete necessary forms or to provide information regarding payments or a child support order.

**PLEASE PRINT ALL INFORMATION CLEARLY  
USING A BLUE OR BLACK PEN.**

With the exception of your signature, please **PRINT** all information on this Application. Please use a blue or black pen and bear down firmly, so that the information will appear on all copies. Please answer **all** questions on the application. If a question is not applicable, enter "N/A". For example, if you were never married to the Obligor, enter "N/A" (Not Applicable) under "Date of Marriage" and "City and State of Marriage". If the answer to a question is a check-off box, check all those that apply, and leave the others blank.

**SPECIFIC INSTRUCTIONS FOR EACH SECTION OF THE APPLICATION  
ARE ON THE BACK OF THIS PAGE**

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR CHILD SUPPORT SERVICES

**NOTE:** *If you are applying on behalf of the child(ren) but are not a parent, if the children on this form have different fathers, or if there is more than one possible father for any child, you must complete a separate form for each parent or father and indicate that you are completing more than one form. If there is more than one possible father, please indicate which possible father is the most likely to be a child's father.*

**APPLICANT INFORMATION** - Begin completing the application after the shaded box marked "FOR DEPARTMENT USE ONLY". If you are the Custodial Parent/Obligee (Parent Who Receives Child Support) or Caretaker Relative, you must provide all the information requested in this section. If you are a social worker or an employee of a public agency representing the child(ren), please provide your name, your work telephone number, and your employer's address in this section under "Your Name," "Employer's Name and Address," and "Message or Work Telephone," and enter "N/A" for the other questions in this section. **NOTE:** *If you work for a public agency and are representing the child(ren), write the name of the agency under "Other".*

**OBLIGOR'S RELATIONSHIP TO THE CHILD(REN) AND APPLICANT** - State the Obligor's relationship to the child(ren). If you are a parent of the named child(ren) in the application, state your relationship to the Obligor. If you were married to and/or divorced from the Obligor, please complete the date and place of the event(s). If you are not one of the parents, state your relationship to the child(ren). **NOTE:** *If you are not the child's mother or father, please state that you are the child's relative and provide as much information about the child(ren)'s parents' relationship as you know.*

**WHY BCSS ASKS THE QUESTION REGARDING MILITARY SERVICE** - According to a survey of NH veterans, one of the top barriers to their receiving care is that veterans "do not feel understood by the providers who serve them". In order to improve the accessibility and quality of Department services to veterans, BCSS asks the question whether you, a member of your family, and/or the Obligor are serving or have ever served in the military. Doing this allows BCSS staff to identify service members, veterans, and military members in our intake process and to provide better overall services to identified individuals over the life of their cases.

**OBLIGOR (Person Ordered to Pay Support) INFORMATION** - This section is very important. It will help BCSS locate the Obligor and establish a legal support order. Please try to answer all the questions. It is important that the information provided in this section is as accurate and up-to-date as possible. Enter the Obligor's name, Social Security Number, and date of birth. The Obligor's Social Security Number and date of birth are extremely important. If you do not know this information off-hand, you may be able to find it on an income tax return, pay stub, or an insurance claim form. Enter the Obligor's Current or Last Known address. **NOTE:** *If you are a TANF applicant and you are accepting the Obligor's mail at your address, you must tell both your TANF and BCSS worker.* Enter the Obligor's current or last known employer and the employer's address, and the weekly wages and other income. Enter the city and state where the Obligor was born, and the Obligor's mother's maiden name. Indicate whether the Obligor has health care coverage and whether the children are covered. If the Obligor has insurance, enter the name of the insurance company and the policy/group number, if you know it. **NOTE:** *If you are a TANF or Medical Assistance (Medicaid) applicant, you must give BCSS any information you have about health care coverage the Obligor has and, if the Obligor has you or your children on his/her health care coverage policy, you must provide the insurance information to your worker.* List the names, addresses and phone numbers of any relatives or friends of the Obligor that might know his/her whereabouts.

**SUPPORT PAYMENT AND COURT ORDER INFORMATION** - Indicate whether there is an existing court order for child support. If there is, enter the amount ordered and the frequency of support. Indicate which court issued the order, and whether there is any court action pending. If there is, provide an explanation. Indicate if the Obligor pays support and if so, how much, and when the last payment was received. Indicate whether you have an existing child support case in any state and if so, in which state. Indicate if you have a separate order for divorce, custody, guardianship or domestic violence. **NOTE:** *You must provide a copy of all court orders and stipulations, including those related to domestic violence or guardianship, even if they do not address child support payments.*

**DEPENDENT CHILD(REN) INFORMATION** - Enter the name, Social Security number, date of birth, place of birth, and place of residence for the past six months for each child. YOU MUST PROVIDE COPIES OF THE CHILD(REN)'S BIRTH CERTIFICATES TO YOUR DEPARTMENT OF HEALTH AND HUMAN SERVICES WORKER. **If there are more than four children in the case, please request another form.** Indicate which of the child(ren) were conceived in New Hampshire, even if they were born somewhere else.

**ADDITIONAL INFORMATION ABOUT DEPENDENT CHILD(REN)** - Indicate if an Affidavit of Paternity was signed and filed for any of the children and if so, for which child(ren) and in which state. Indicate if paternity was established in another state, and if so, for which child(ren) and in which state(s). Indicate if the father's name is on the birth certificate for any of the children and if so, for which children. Indicate if public assistance has ever been provided by another state for the children and if yes, when and from which state(s). Indicate which, if you or the children are receiving any benefits, and the amount and frequency of the benefits.

**ATTENTION TANF OR MEDICAID-ONLY APPLICANTS** - You must read and complete this section by checking one of the boxes. If your application for TANF financial or Medicaid-only assistance is denied, you may still receive services through BCSS. Please check what BCSS services (if any) you choose to accept if your TANF financial or Medicaid-only application is denied.

1. A CHILD and MEDICAL SUPPORT ORDER through BCSS
2. A MEDICAL SUPPORT ONLY ORDER through BCSS
3. You do NOT want any child support services through BCSS.

**APPLICANT'S CERTIFICATION OF UNDERSTANDING** - You must read and sign this section certifying that by signing the application, you are saying that you understand the application and the responsibilities of BCSS, and that you have read the identified sections. By signing this application, you are also saying that you have answered the questions honestly and to the best of your ability. If you are a social worker, an employee of a public agency, or relative, sign your name and print your affiliation or your relationship to the child(ren) next to your signature.

**IF YOU HAVE MORE INFORMATION ABOUT THE CASE, BUT CANNOT FIT IT ON THIS APPLICATION, PLEASE ENCLOSE THE ADDITIONAL INFORMATION ON A SEPARATE SHEET**

**APPLICATION FOR CHILD  
SUPPORT SERVICES**

(SEE INSTRUCTIONS ON BACK)

[www.dhhs.nh.gov](http://www.dhhs.nh.gov) [bcss-ciur@dhhs.nh.gov](mailto:bcss-ciur@dhhs.nh.gov)

**DEPARTMENT USE ONLY**

Date Application Requested: \_\_\_\_\_ Date Application Provided: \_\_\_\_\_

ORIGINATING District Office \_\_\_\_\_

New HEIGHTS Case ID \_\_\_\_\_

BCSS CASE ID \_\_\_\_\_

Application ID \_\_\_\_\_

**NOTE:** If you are applying on behalf of the child(ren) but are not a parent of the child(ren), or if the child(ren) on this form have different fathers, or if there is more than one possible father for any child, you must complete a separate form for each parent or possible parent. (Even if you are not a parent of the child(ren), you must complete all requested information known to you.)

Are you completing more than one application? ☐ YES ☐ NO - PLEASE PRINT CLEARLY -

**APPLICANT INFORMATION**

Your Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Primary Language: ☐ English; Other: \_\_\_\_\_

Your Maiden Name and/or other Married Names: \_\_\_\_\_ What is your relationship to the

child(ren)? Relative (specify, parent, aunt, etc.): \_\_\_\_\_ ☐ Other (specify): \_\_\_\_\_

Your Mailing Address, City, State & Zip Code: \_\_\_\_\_ Residential Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Message or Work Phone: \_\_\_\_\_ Employer Name and Address: \_\_\_\_\_

Name, Address, and Phone of Your

Attorney: \_\_\_\_\_

Have you or a family member ever served in the military? ☐ Yes ☐ No If yes, please state if yourself or which family member? \_\_\_\_\_

**OBLIGOR'S RELATIONSHIP TO THE CHILD(REN) AND APPLICANT**

What is the Obligor's relationship to the Child(ren)? ☐ Possible Father ☐ Biological Father ☐ Legal Parent ☐ Mother

**NOTE:** If you are not the child's mother or father, please state that you are the child's relative and provide as much information about the child(ren)'s and parents' relationship as you know.

What is the Obligor's Relationship to you?

☐ Married ☐ Divorced ☐ Divorce Pending ☐ Legally Separated ☐ Informally Separated ☐ Never Married to Parent ☐ Relative

If you & the Obligor or the biological parents were married, please provide Date of Marriage: \_\_\_\_\_; City & State of Marriage: \_\_\_\_\_

If you & the Obligor or the biological parents are divorced, please provide Date of Divorce: \_\_\_\_\_; City & State of Divorce: \_\_\_\_\_

**OBLIGOR INFORMATION**

Obligor's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Primary Language: ☐ English; Other: \_\_\_\_\_

☐ Current or ☐ Last Known Address, City, State, & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message or Work Phone: \_\_\_\_\_

☐ Current or ☐ Last Known Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Obligor's Weekly Wages: \$ \_\_\_\_\_ Other Income (for example, public assistance, workers' comp, unemployment, etc.): \$ \_\_\_\_\_ per \_\_\_\_\_

City and State where Obligor was born: \_\_\_\_\_

Maiden name of Obligor's mother: \_\_\_\_\_

Name, Address, and Phone of Obligor's Attorney: \_\_\_\_\_

Has the Obligor ever served in the military? ☐ Yes ☐ No If yes, are the child(ren) covered by military insurance? ☐ Yes ☐ No

Does the Obligor have health care coverage? ☐ Yes ☐ No If yes, are the child(ren) covered? ☐ Yes ☐ No

If yes, name of the insurance company: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Please list the names, addresses, and phone numbers of relatives and friends of the Obligor who may know his/her whereabouts: \_\_\_\_\_

Please list any assets, vehicles, and/or licenses the Obligor possesses or has been granted (include license # or year, make, model of asset, etc.): \_\_\_\_\_

**DEPENDENT CHILD(REN) INFORMATION**

(NOTE: A COPY OF EACH CHILD'S BIRTH CERTIFICATE MUST BE PROVIDED. FOR MORE THAN 4 CHILDREN, REQUEST ANOTHER FORM.)

Name	Social Security #	Date of Birth	Place of Birth (City and State)	Place of Residence for Last 6 Months (City and State)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Please indicate which of the above-listed children were conceived in New Hampshire (you became pregnant in New Hampshire), even if the child was born somewhere else: ☐ Child #1 ☐ Child #2 ☐ Child #3 ☐ Child #4 ☐ None

Were you married at the time any of the children were born? ☐ Yes ☐ No If yes, to whom? \_\_\_\_\_

## IMPORTANT INFORMATION – ALL APPLICANTS MUST READ THIS PAGE

**TANF FINANCIAL/MEDICAL ASSISTANCE APPLICANTS AND RECIPIENTS** - When you receive Temporary Assistance for Needy Families (TANF) with Medicaid, you assign your rights to child, medical, and spousal support to the Department of Health and Human Services as a condition of eligibility. If there is no legal order for the Obligor to pay child support and/or provide health care coverage, BCSS will obtain one and will also have the court establish paternity for the child(ren) if it has not already been established. BCSS will keep current support paid by the Obligor to repay the state and federal government for the assistance given to your child(ren). As a TANF recipient, you are required to cooperate with BCSS in its efforts to locate the Obligor, establish paternity, and obtain, enforce, and modify a support order. If you do not cooperate with BCSS and do not have a good reason, your TANF grant may be reduced.

**MEDICAL ASSISTANCE-ONLY APPLICANTS AND RECIPIENTS** - When you receive Medical Assistance (Medicaid)-Only benefits, you assign your rights to medical support to the Department as a condition of eligibility. You must cooperate with BCSS to establish and/or enforce medical support and must also cooperate with BCSS to establish paternity for your child(ren), if it has not already been established. If you do not cooperate with BCSS, your Medicaid may be denied or ended; however, Medicaid will be provided to your child(ren) if they are eligible. BCSS will try to obtain health insurance for your child(ren) from the Obligor. If we are successful in obtaining health insurance for the child(ren) through the Obligor, you may have to accept that insurance, and go to a different doctor or facility, even if you have already received medical services from another doctor or facility.

**FAMILIES WITH OLDER CHILDREN (FWOC), INTERIM DISABLED PARENT (IDP) APPLICANTS AND RECIPIENTS** - If you receive FWOC or IDP assistance you are required to cooperate in establishing paternity, and obtaining, enforcing and modifying child and medical support. If you do not cooperate with BCSS, your BCSS will be subject to case closure and your FWOC or IDP case may be denied or ended.

**MEDICAL SUPPORT (Health Care Coverage) INFORMATION FOR ALL APPLICANTS** - All state child support cases must include a provision for medical support. "Medical support" means the obligation of either or both parents to provide health care coverage for their dependent child(ren). If health care coverage is not available or not reasonable in cost, a medical support payment may be calculated. If you already have an order that includes medical support, BCSS will enforce it, as specified, against either or both parents. If you already have a support order that does not include medical support, BCSS will modify your order to include medical support, and enforce it, as specified, against either or both parents. If you do not have a support order, BCSS will establish a support order that includes medical support. All support orders, including medical support-only orders, must be made payable through BCSS. If an applicant does not wish to proceed with medical support establishment or enforcement and/or does not cooperate with BCSS to establish or enforce medical support, his or her BCSS case will be subject to possible case closure and his or her Medical assistance eligibility may be denied or ended. If his or her Medicaid benefits are denied or ended due to non-cooperation, his or her child(ren) will continued to receive Medicaid, if they are eligible.

**BCSS CHILD SUPPORT OFFICER AND ATTORNEY RESPONSIBILITIES** - The BCSS attorney or Child Support worker assigned to your case represents the New Hampshire Department of Health and Human Services (Department) and **does NOT** represent either you or your child(ren).

1. The BCSS attorney or worker acts on behalf of the Department to establish paternity; to establish, enforce, and modify child and medical support orders; and (if applicable) to obtain repayment for TANF provided for your child(ren).
2. **Information you provide to BCSS, while safeguarded in keeping with state and federal law, is NOT completely confidential.** It is sometimes necessary for BCSS to provide information from its files to other people who work with BCSS to establish, enforce, or modify child support orders, or to share information with other bureaus or divisions within the NH Department of Health of Human Services for the administration of their respective programs. In addition, under federal law, BCSS may also disclose specific confidential information in connection with parental kidnapping and other cases. The Court may also require the release of information to the Obligor.
3. It is up to BCSS to choose the best course of action for your child support case. Although we ask you for information, BCSS must make the final decision on actions to take on your case. If there is a conflict between your interests and the Department's interests, BCSS will represent the Department's interest. Please remember that you always have the right to hire your own attorney or to represent yourself in Court if you are not satisfied with the actions BCSS is taking on your case. Payment for a private attorney is your responsibility.
4. BCSS has no authority to settle disagreements regarding parental rights or responsibilities or property disputes. When BCSS takes a paternity or child support case to Court, the Obligor/Putative Father sometimes files a request with the Court to seek a parenting plan and determination of parental rights and responsibilities or to enforce a prior agreement or Court order regarding property distribution. You may want to obtain your own attorney to help you with these matters, or you can represent yourself in Court.

**FEDERAL TAX REFUND OFFSET PROGRAM** - The Federal Tax Refund Offset Program can collect child support arrearage, owed to the State and/or to you, from Obligor's federal tax refunds. BCSS must submit any child support case that meets certain requirements to the Internal Revenue Service (IRS). You do not have to complete a separate application for the Federal Tax Refund Offset Program. Criteria for submittal are different for TANF and non-Public Assistance cases. Generally, the amount of past-due child support (arrearage) in a non-Public Assistance case must be \$500 or more. For a TANF case, the arrearage must be \$150 or more.

The Federal Tax Refund Offset forwards any moneys it intercepts to BCSS. BCSS will distribute the intercepted moneys to you and/or the State and/or other child support Obligees, as appropriate, depending upon the types of cases associated with the Obligor, the amount of the arrearage, and the amount of the Obligor's tax refund.

In a non-Public Assistance case, if the Obligor files a joint return, BCSS will hold any amount intercepted for non-Public Assistance arrearage, in effect, money owed to you, for a period of six (6) months before we release it to you.

Under certain circumstances, the Federal Tax Refund Offset Program may be required by law to take back some of the money, or Federal Tax Refund Offset money may have been applied to your case by mistake. In these situations, if you have already received the money, **you will be responsible for paying it back.**

**FEES** - According to federal and state law, BCSS may charge fees for any of the services it provides, for example, services related to payment processing, case maintenance, IRS intercept, and/or the establishment or enforcement of court orders, etc. For more information regarding BCSS service-related fees, visit the BCSS website at: [www.dhhs.nh.gov](http://www.dhhs.nh.gov)



# APPLICATION FOR CHILD SUPPORT SERVICES

(SEE INSTRUCTIONS ON BACK)  
[www.dhhs.nh.gov](http://www.dhhs.nh.gov) [bcss-clu@dhhs.nh.gov](mailto:bcss-clu@dhhs.nh.gov)

## ADDITIONAL INFORMATION ABOUT DEPENDENT CHILD(REN)

Did you sign an Affidavit of Paternity for any of the children? ☐ Yes ☐ No If Yes, indicate for which child(ren) and in which state it was filed.

☐ Child #1; state: \_\_\_\_\_ ☐ Child #2; state: \_\_\_\_\_ ☐ Child #3; state: \_\_\_\_\_ ☐ Child #4; state: \_\_\_\_\_

Did a court order establish paternity in another state? ☐ Yes ☐ No If Yes, which child(ren)? Please circle: 1 2 3 4 If Yes, which state(s): \_\_\_\_\_

Is the father's name on the birth certificate for any of the children? If so, indicate for which child(ren). Please circle: 1 2 3 4

Has public assistance **ever** been provided **by another state** for the benefit of the child(ren)? ☐ Yes ☐ No If Yes, when: ☐ now; ☐ in the past

If in the past, specify the dates: \_\_\_\_\_; if now **OR** in the past, from which state(s) \_\_\_\_\_

Are any of the children receiving any of the following benefits now? ☐ Yes ☐ No If Yes, please check to indicate which type(s):

☐ Temporary Assistance for Needy Families (TANF) ☐ Aid to the Needy Blind ☐ Supplemental Security Income (SSI) ☐ Social Security Benefits (SSA)

☐ Veteran's Administration Benefits (VA) ☐ Other, specify: \_\_\_\_\_ If any, the amount: \$ \_\_\_\_\_ per \_\_\_\_\_

## SUPPORT PAYMENT AND COURT ORDER INFORMATION (NOTE: YOU MUST PROVIDE COPY OF ALL COURT ORDERS AND STIPULATIONS, INCLUDING THOSE RELATED TO DOMESTIC VIOLENCE OR GUARDIANSHIP, IF YOU ARE UNABLE TO PROVIDE A COPY OF ANY OF YOUR ORDER(S), THERE MAY BE A DELAY IN BCSS PROVIDING SERVICES TO YOU.)

Do you have an order or orders from any hearing that addressed child support in any way, even if no support was ordered? ☐ Yes ☐ No

If yes, which court issued the order(s)? \_\_\_\_\_ Do you have a court order for child support? ☐ Yes ☐ No

If yes, what is the amount of the support ordered? \$ \_\_\_\_\_ Per \_\_\_\_\_; which court issued the order? \_\_\_\_\_

Is there any court action pending for family-related matters including divorce, support, parenting plans, domestic violence, and guardianship?

☐ Yes ☐ No. If yes, please explain: \_\_\_\_\_ Does the Obligor pay support? ☐ Yes ☐ No ☐ Sometimes.

If yes, how much is paid? \$ \_\_\_\_\_ Per \_\_\_\_\_ Date last payment was received: \_\_\_\_\_

Do you have an existing Child Support case in any state? ☐ Yes ☐ No If yes, in which state(s): \_\_\_\_\_

Do you have a separate order for ☐ Divorce ☐ Custody ☐ Domestic Violence and/or ☐ Guardianship?

## ATTENTION TANF OR MEDICAID-ONLY APPLICANTS You must read and complete this section by checking one of the boxes below. If you are applying for TANF or Medicaid, BCSS will pursue paternity establishment, if required, and establish and enforce a child and/or medical support order, as appropriate.

However, if your application for **TANF and Medicaid assistance** -OR- **Medicaid-only assistance** is **denied**, BCSS may continue to establish a child and/or medical support order, as well as establish paternity, but only **at your request**.

**DO YOU WANT BCSS TO ESTABLISH AND/OR ENFORCE A CHILD AND/OR MEDICAL SUPPORT ORDER?**

### PLEASE CHECK ONE BOX BELOW

- ☐ YES, I want a CHILD and MEDICAL SUPPORT ORDER through BCSS.  
☐ YES, I want a MEDICAL SUPPORT ONLY ORDER through BCSS.  
☐ NO, I do NOT want any child support services through BCSS.

## APPLICANT'S CERTIFICATION OF UNDERSTANDING

By signing this application, I am saying that I understand the application permits the Department of Health and Human Services, Bureau of Child Support Services, to take legal action to establish, enforce, and/or modify child and medical support on behalf of the dependents named on this form in accordance with Title IV-D of the Social Security Act. I further understand that BCSS will hold the Obligor named in the application financially responsible for both child and medical support, in an amount based on his or her ability to pay and the availability of health care coverage.

I certify that I have read and understand the following sections on both pages of this application:

- o TANF Financial/Medical Assistance Applicants and Recipients
- o Medical Assistance-Only Applicants and Recipients
- o Families With Older Children (FWOC) and Interim Disabled Parent (IDP) Applicants and Recipients
- o Medical Support Information for All Applicants
- o BCSS Child Support Officer and Attorney Responsibilities
- o Federal Tax Refund Offset Program
- o Fees
- o Requirements for Establishing, Enforcing and Modifying Child Support Orders
- o Electronic Disbursement of Payments
- o \$35.00 Annual Fee
- o Review and Adjustment (Modification) of Support Orders
- o Regarding Overpayment of Child Support

ADDITIONAL COMMENTS AND INFORMATION: \_\_\_\_\_

- ☐ **YES** If I receive an overpayment (money that does not belong to me), I authorize BCSS to withhold 20 (twenty) percent of any future collected child support payments collected on my behalf until the full amount of the overpayment is repaid.  
☐ **NO** For more information, please read the section titled, "REGARDING OVERPAYMENT OF CHILD SUPPORT."

**X**

Applicant's Signature

Date

Parent or Guardian's Signature (If Applicant Is Not Yet 18 Years Old)

Date

Worker's Signature

Date

## IMPORTANT INFORMATION – ALL APPLICANTS MUST READ THIS PAGE

### REQUIREMENTS FOR ESTABLISHING, ENFORCING AND MODIFYING CHILD SUPPORT ORDERS.

In most cases, BCSS' ability to establish, enforce, and/or modify a child support order depends on the information that you provide about the Obligor as well as your keeping us updated regarding any of your own or the Obligor's changes. Generally, the more information you provide BCSS, the better BCSS will be able to provide you services. The most helpful information you can provide includes:

**Your Address and Telephone Number:** Promptly notify BCSS if you change your address or telephone. If you do not, BCSS may not be able to contact you to complete necessary forms or to provide you information regarding payments or a child support order.

**The Obligor's Name and Current Address:** Without the Obligor's correct name and other names that he/she may use, for example, nicknames and aliases, we may not be able to locate the Obligor. Without a current address, we cannot serve the Obligor with notices requiring he or she appear in Court, we cannot start an income assignment, and we usually cannot have the Obligor picked up on an arrest warrant.

**The Obligor's Social Security Number:** Without a Social Security Number, BCSS cannot interact with the national Federal Parent Locator Service, verify income or employment information through NH Employment Security or Federal New Hire Reporting, or collect arrearage through the Federal Tax Refund Offset Program.

**The Obligor's Date of Birth:** BCSS needs the Obligor's date of birth to verify that we have the correct person when we are researching a resource (such as real estate, vehicles, etc.), or verifying a potential address. This is especially true if there are other people who have the same name as the Obligor.

**The Obligor's Current Employer:** Without the name and address of the Obligor's current employer, we cannot enforce a support order through the income assignment process, or verify his or her current income.

Whenever you write to us or email us, please provide your Case ID, the Obligor's name, your complete mailing address, and a telephone number where BCSS can contact you.

### ELECTRONIC DISBURSEMENT OF PAYMENTS.

BCSS disburses all child support payments electronically by one of the following two options:

1. Direct deposit into your bank account (checking or savings account), or
2. Direct deposit to a Debit Card account provided for you by a BCSS-contracted vendor.

When a child support order opens for enforcement, a BCSS-contracted vendor will provide you an "Electronic Payment Option Enrollment Package". The package will provide information regarding the two above-listed payment options and will include an enrollment form to allow you to indicate the payment option you prefer. You must complete the enrollment form and return it to the contracted vendor. If you fail to return the provided enrollment form within thirty (30) days you will default to the Debit Card payment option.

### \$35.00 ANNUAL FEE.

Federal and state laws require BCSS to collect a \$35.00 annual fee in all Child Support cases enforced by BCSS that meet the following conditions:

1. The Obligor has never received Temporary Assistance to Needy Families (TANF), Tribal TANF, or Aid to Families with Dependent Children (AFDC), from the State of New Hampshire, or any other state, on behalf of the case's minor child(ren); and
2. The Obligor has received more than \$550.00 in payments during the Current Federal Fiscal Year. *The Federal Fiscal Year starts October 1 and runs through September 30.*

If you provide documentation that you received TANF, Tribal TANF, or AFDC on behalf of minor child(ren) (listed on this application) in a case from another state, BCSS may be able to exempt you from paying the fee or refund the fee, if it has already been collected. If you do not provide proof you received TANF, Tribal TANF, or AFDC, BCSS may charge the fee until such proof is provided.

### REVIEW AND ADJUSTMENT (MODIFICATION) OF SUPPORT ORDERS.

**Applicants NOT Receiving Financial Public Assistance (TANF) or Medicaid:** BCSS will review your support order for possible modification when your order lacks a provision for medical support. BCSS will also review your support order if either party requests a review IN WRITING (1) when it has been at least three years since your order was established, modified, or reviewed. BCSS will also initiate review of a court order if it discovers the obligor is incarcerated for more than 180 days. or (2) the requesting party states there has been a substantial change in circumstances. *NOTE: BCSS reviews will not address parenting plan issues.*

**Applicants Receiving Public Assistance (TANF) and/or Medicaid:** Federal law mandates BCSS review your case automatically when: (1) it has been at least three years since the order was established, modified, or reviewed; or (2) the order lacks a provision for medical support or (3) the obligor is incarcerated for more than 180 days. You will not need to request a review. BCSS may also review your case when there has been a substantial change in circumstances.

### REGARDING OVERPAYMENT OF CHILD SUPPORT.

BCSS collects child support payments on your behalf, and sends those payments to you. Occasionally BCSS overpays individuals, due to a misdirected payment (money sent to the wrong person) or a payment made on a bad check, or for other reasons. When this happens, the amount of the overpayment must be repaid to BCSS.

If you receive notice of an overpayment after you have cashed the check, you may repay the overpaid amount by sending a check or money order in the amount of the overpayment to BCSS. You may also authorize BCSS to withhold a portion of any child support collected on your behalf, in any or all cases, until you repay the full amount of the overpayment. If you authorize this method of repayment, BCSS will withhold twenty (20) percent of payments it collects until you repay the overpayment. *NOTE: BCSS will withhold fifty (50) percent of payments it collects due to an overpayment that results from a Federal Tax Refund adjustment.* To indicate whether you authorize BCSS to withhold twenty (20) percent of your child support payments, *if an overpayment occurs*, please check the appropriate box on page 2 of this application, in the APPLICANT'S CERTIFICATION OF UNDERSTANDING section. **You will receive child support services regardless of which box you check.**

## IMPORTANT NOTICE ABOUT SAFEGUARDS ON YOUR CASE INFORMATION

The Bureau of Child Support Services (BCSS) safeguards all personal information it collects and maintains in its hard copy files and computer records. State and federal law, however, may require BCSS to share your information with other authorized state and country agencies and courts for authorized purposes.

### Example of Authorized Information Sharing:

If you receive Medicaid and then provide BCSS with information regarding private health insurance that covers you or your child(ren), BCSS may share the information with the Medicaid Third Party Liability (TPL) office. This allows TPL to bill your private health insurance provider for the cost of Medicaid benefits provided to you or your child(ren).

BCSS may share your information with Child Support agencies in other states and countries and courts (both in New Hampshire and in other states and countries). Some of the information that BCSS provides to the court may become available to the public.

If you feel sharing that information might place you and/or your child(ren) in danger of physical or emotional harm, BCSS can take additional steps to further safeguard your information. For example, if you have safety concerns due to domestic violence and still want BCSS to collect and enforce your child and medical support, BCSS can place a "Domestic Violence" indicator on your case record. This will prevent BCSS from releasing your personal information to authorized agencies in other states, unless a court orders the release of the information. In that instance, BCSS will inform the court that domestic violence is a concern so that the court can act appropriately to safeguard your address information.

If your court order requires the party ordered to pay child support (the Obligor) to provide health insurance coverage for your child(ren), BCSS may give your mailing address to his or her employer, if the employer requires your address to enroll you and your child(ren) in their health plan. BCSS cannot guarantee that the employer or health insurance provider will not give your address to the Obligor. For this reason, you may want to consider providing BCSS with an alternate mailing address (for example, a post office box, or a friend or relative's address where you can receive mail). BCSS can then provide this alternate address to the health insurance plan administrator of the Obligor's employer.

*NOTE: Please note that placing additional safeguards on your information may restrict BCSS' ability to locate the other party.*

**To request BCSS place a Domestic Violence indicator on your case, you must complete the form on the back of this notice and return it to BCSS. For more information, or if you have any questions, please contact the BCSS office managing your case.**



## DOMESTIC VIOLENCE INDICATOR REQUEST

I understand federal and state law require that the Bureau of Child Support Services (BCSS) share my personal information with courts and other authorized agencies. I also understand that my address and Social Security Number, as well as the Social Security Number(s) of my child(ren) who are associated with my child support case, may become available to persons other than BCSS personnel.

Please check the box that applies to your situation:

- ☐ I do not believe that I or my child(ren) would be in danger of physical or emotional harm by BCSS releasing case information to authorized state and country agencies and courts for authorized purposes.
- ☐ Domestic violence is an issue in my case. The release of certain case information, including my address, may result in physical or emotional harm to me or my child(ren). I therefore request that BCSS further safeguard my case information by placing a Domestic Violence indicator on my case record. I understand that placing additional safeguards on my case information may restrict BCSS' ability to locate the other party. I also understand that while BCSS will make every effort to safeguard my information, BCSS cannot guarantee that my personal information will remain safeguarded, even with the added protection of a Domestic Violence indicator.

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date

**If you are requesting that BCSS place a "Domestic Violence" indicator on my case record, please provide the name, date of birth, and Social Security Number of each individual associated with your case in the spaces provided below:**

\_\_\_\_\_  
Your name (Please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Other Parent's Name (Please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Child(ren)'s Full Name(s):

Date(s) of Birth:

Social Security Number(s):

\_\_\_\_\_  
Please print

\_\_\_\_\_  
Please print

\_\_\_\_\_  
Please print

\_\_\_\_\_  
Please print

Give the completed form to your Child Support worker, or mail the completed form to the Bureau of Child Support Services District Office managing your case.

**For Department of Health and Human Services Use only**

Case ID: \_\_\_\_\_

\_\_\_\_\_  
Signature of person entering information into NECSES

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Your name (Please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Other Parent's Name (Please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Child(ren)'s Full Name(s):

Date(s) of Birth:

Social Security Number(s):

\_\_\_\_\_  
Please print

\_\_\_\_\_  
Please print

\_\_\_\_\_  
Please print

\_\_\_\_\_  
Please print

Give the completed form to your Child Support worker, or mail the completed form to the Bureau of Child Support Services District Office managing your case.

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Case ID: \_\_\_\_\_

\_\_\_\_\_  
Signature of person entering information into NECSES

\_\_\_\_\_  
Date